## Integrative Learning Experience (ILE) Proposal Form

Students are eligible to register for the ILE in the final semester of their SPH Program.

Please complete the form below and send it to your Faculty Advisor for review and signature approval.

STUDENT INFORMAT	ION	
Student First Name		
Student Last Name		
DHSU Email Address		
SPH Department		
Semester/Year of ILE		
Completion of Pre-Requis	site Courses: □ Yes □ No	
Academic Faculty Adv	visor Information	
Advisor First Name		
Advisor Last Name		
Advisor Email		
	ree (3) competencies altogether: two (2) Foundational (es below), and one (1) Concentration Competency (fill in the box	
Please find links to the M	IPH Foundational and Concentration Competencies.	
Foundational Compete	encies	
1.		
2.		
Concentration Compet	ency	

## **Project Plan for Integrative Learning Experience**

5

Once the competencies are chosen, the student must specify the type of deliverable and provide a brief summary of the Project Plan.

### Research Study. Please indicate the Public Health
Significance, Hypothesis/Research Question, and Methods of the proposed study.

### Literature Review. Please indicate the Public Health Significance, Research Question (specifying Population, Intervention, Comparator, Outcome, Time Frame, and Setting as appropriate), and Methods (databases to be consulted, study years, key search terms, and at least two relevant articles).

#### Policy Analysis. Please indicate the Healthcare Policy or Practice Problem, the Public Health Significance of the Problem, and Potential Policy or Practice Solutions (proposing at least two potential solutions).

2

Project Plan Summary (approx. 300 words):						

Data Sources The student should list the dataset to be used for a research study or identify three citations that are illustrative of articles to be engaged in the literature review or policy analysis.						
$\Box$ I affirm that this proposed ILE project does not represent duplicate work submitted elsewhere for another assignment.						
Student Signature:	Date:					
Faculty Advisor Signature:	Date:					